



EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: DATE:

ADDRESS:

E-MAIL: PHONE: - -

SOCIAL SECURITY NUMBER (SSN): - -

DATE AVAILABLE: DESIRED PAY: \$

POSITION APPLYING FOR:

EMPLOYMENT DESIRED: U.S. CITIZEN?:

DRIVER'S LICENSE?: IF VISA, EXPLAIN TYPE:

TYPE OF LICENSE?: VISA EXPIRATION DATE:

I UNDERSTAND THAT I MAY BE TESTED FOR ILLEGAL SUBSTANCE USAGE WHILE WORKING FOR THE TOWN OF SNOW HILL AT ANY TIME.

Yes, I understand

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?:

ARE YOU PRESENTLY ON ACTIVE DUTY OR A MEMBER OF THE NATIONAL GUARD?:

DATE ENTERED: DISCHARGE DATE:

DISCHARGE TYPE: SPECIALTY:

EDUCATION

HIGH SCHOOL:

CITY / STATE: FROM: TO:

GRADUATE? DIPLOMA:

COLLEGE:

CITY / STATE: FROM: TO:

GRADUATE? DIPLOMA:

BUSINESS/TRADE SCHOOL:

CITY / STATE: FROM: TO:

GRADUATE? DIPLOMA/CERTIFICATE:

PROFESSIONAL SCHOOL:

CITY / STATE: FROM: TO:

GRADUATE? DIPLOMA/CERTIFICATE:



SKILLS

TYPING: WORDS PER MINUTE:

10-KEY CALCULATOR: PERSONAL COMPUTER:

ARE YOU FAMILIAR WITH MICROSOFT OFFICE?:

RATE YOUR COMPUTER SKILLS:

PLEASE LIST COMPUTER SOFTWARE AND HOSPITALITY INDUSTRY COMPUTER SYSTEMS IN WHICH YOU ARE FAMILIAR WITH:

EQUIPMENT & MAINTENANCE EXPERIENCE

LIST HEAVY EQUIPMENT YOU OPERATE AND YEARS OF EXPERIENCE:

LIST HEAVY EQUIPMENT YOU REPAIR AND YEARS OF EXPERIENCE:

MAINTENANCE EXPERIENCE: Carpentry Electrical Plumbing Other

PLEASE LIST YEARS OF EXPERIENCE FOR EACH, AND NAME OTHER EXPERIENCE:



ADDITIONAL QUALIFICATIONS

PLEASE TELL US ANYTHING ABOUT YOURSELF THAT IS RELEVANT TO THE POSITION YOU ARE APPLYING FOR, AND ANY ADDITIONAL QUALIFICATIONS/EXPERIENCE YOU WISH TO SHARE:

ACCIDENT & CRIMINAL RECORD

CONVICTED OF DWI IN ANY STATE?: **LICENSE EVER SUSPENDED?:**

ANY ACCIDENTS IN THE PAST 3 YEARS?: **HOW MANY?:**

MOVING VIOLATIONS IN THE PAST 3 YEARS?: **HOW MANY?:**

CONVICTED OF A CRIME?:

IF YES, EXPLAIN CONVICTION(S), OFFENSE(S), STATE(S) WHERE OFFENSES OCCURRED, AND SENTENCE(S) IMPOSED BY THE COURT:



REFERENCES

PLEASE LIST UP TO TWO CHARACTER REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS

1. NAME:

ADDRESS:

PHONE: - - **YEARS THEY'VE KNOWN YOU:**

RELATIONSHIP TO YOU:

WHAT WOULD THEY SAY ABOUT YOU? (DEPENDABLE, LOYAL, TRUSTFUL, ETC.):

2. NAME:

ADDRESS:

PHONE: - - **YEARS THEY'VE KNOWN YOU:**

RELATIONSHIP TO YOU:

WHAT WOULD THEY SAY ABOUT YOU? (DEPENDABLE, LOYAL, TRUSTFUL, ETC.):



WORK EXPERIENCE

PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST FIVE YEARS BEGINNING WITH YOUR MOST RECENT JOB HELD (UP TO 4). IF YOU WERE SELF EMPLOYED, GIVE FIRM NAME (SUBMIT AN ADDITIONAL DOCUMENT IF NEEDED)

1. NAME OF EMPLOYER:

SUPERVISOR'S NAME:

ADDRESS:

PHONE:

JOB TITLE:

REASON FOR QUITTING:

LIST DUTIES YOU PERFORMED, SKILLS YOU USED OR LEARNED, SUPPORT OR SUPERVISORY POSITIONS HELD AND PROMOTIONS:

2. NAME OF EMPLOYER:

SUPERVISOR'S NAME:

ADDRESS:

PHONE:

JOB TITLE:

REASON FOR QUITTING:

LIST DUTIES YOU PERFORMED, SKILLS YOU USED OR LEARNED, SUPPORT OR SUPERVISORY POSITIONS HELD AND PROMOTIONS:



3. NAME OF EMPLOYER: SUPERVISOR'S NAME:

ADDRESS:

PHONE: - - JOB TITLE:

REASON FOR QUITTING:

LIST DUTIES YOU PERFORMED, SKILLS YOU USED OR LEARNED, SUPPORT OR SUPERVISORY POSITIONS HELD AND PROMOTIONS:

4. NAME OF EMPLOYER: SUPERVISOR'S NAME:

ADDRESS:

PHONE: - - JOB TITLE:

REASON FOR QUITTING:

LIST DUTIES YOU PERFORMED, SKILLS YOU USED OR LEARNED, SUPPORT OR SUPERVISORY POSITIONS HELD AND PROMOTIONS:



PLEASE READ CAREFULLY

In exchange for the consideration of my job application with The Town of Snow Hill, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of The Town of Snow Hill, or otherwise to change in any respect the “employment-at-will” relationship between The Town of Snow Hill and the undersigned. Both the undersigned and The Town of Snow Hill may end the employment relationship at any time, specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in staff and/or benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others. I further authorize the company to complete a criminal background check and obtain a copy of my driving record. I hereby release the Company from any liability as a result of such contacts, inquiries, or records in order to ascertain my qualifications and fitness for employment.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business. If this form is printed out, please complete the form in clear print.

PLEASE SUBMIT COMPLETED APPLICATION TO

clerk@snowhillmd.com

Electronic Signature:

Date:

